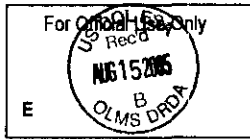


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6212</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gary</u> <u>R</u> <u>Alward</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>160 West Manilla Avenue</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15220</u>	4. Name, file number, and address of labor organization. Name <u>General Teamsters Local Union No. 249</u> Labor Organization File Number <u>028-815</u> P.O. Box, Building and Room Number, if any <u>PO Box 40128</u> Street <u>Teamsters Temple, 4701 Butler Stree</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15201-0128</u>
5. Position in labor organization. <u>Union Officer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gary Alward</u>	On <u>8-11-05</u> Date	<u>(412) 682-3700</u> Telephone Number

Name of Person Filing Gary Alward

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 50 Penn Circle West

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15206-3612

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 249

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

PO BOX 40128

Street 4701 BUTLER ST

City Pgh

State PA

ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTHCARE BENEFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

PAYMENT FOR REGISTRATION FEES AND
HOTEL DEPOSIT IN CONJUNCTION TO
ATTEND THE IFEBP 51ST ANNUAL
EMPLOYEE BENEFITS CONFERENCE IN
HONOLULU HI

12.b. Amount.

\$1900.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 50 Penn Circle West

City Pittsburgh

State Pennsylvania ZIP Code + 4 15206-3612

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 249

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 40128

Street 4701 BUTLER ST

City Pgh

State PA ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTHCARE BENEFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

PAYMENT FOR NEMACOLIN WOODLANDS
FOR HOTEL, MEALS AND INCIDENTAL
CHARGES FOR ATTENDANCE AT JOINT
TRUSTEES MEETING IN FARMINGTON
PA

12.b. Amount.

999.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Gary Alward	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 50 Penn Circle West
City Pittsburgh
State Pennsylvania ZIP Code + 4 15206-3612

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 249
Trade Name, if any:
P.O. Box, Bldg., Room No., if any: P.O. BOX 40128
Street 4701 BUTLER ST
City PBH
State PA ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTHCARE BENEFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

EXPENSES FOR TRAVEL, MEALS AND
INCIDENTAL CHARGES REIMBURSED
FOR ATTENDANCE AT JOINT ANNUAL
TRUSTEES MEETING IN AVALON N.J.

12.b. Amount.

\$979.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 50 Penn Circle West

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15206-3612

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 249

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

PO BOX 40128

Street 9701 BUTLER ST

City PAH

State PA

ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTHCARE BENEFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

PAYMENT TO MARQA SMITH CLEANING
SERVICE FOR CLEANING SERVICES IN
CONJUNCTION WITH ATTENDANCE AT
JOINT ANNUAL TRUSTEES MEETING
IN AVALON N.J.

12.b. Amount.

\$147.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Gary Alward

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 50 Penn Circle West

City Pittsburgh

State Pennsylvania ZIP Code + 4 15206-3612

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 249

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 40128

Street 4701 BUTLER ST

City Pgh

State PA ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTHCARE BENEFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

FINAL PAYMENT TO DILLER FISHER
FOR ACCOMMODATIONS FOR UNION TRUSTEES
ATTENDANCE AT JOINT ANNUAL TRUSTEES
MEETING IN AVALON NJ

12.b. Amount.

\$600.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Gary Alward

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western PA Teamsters & Employers Welfare Fnd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 50 Penn Circle West

City Pittsburgh

State Pennsylvania ZIP Code + 4 15206-3612

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS LOCAL 249

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 40128

Street 4701 BOTLER ST

City P6H

State PA ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTHCARE BENEFITS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

PAYMENT TO DILLER FISHER FOR
DEPOSIT ON ACCOMMODATIONS FOR
UNION TRUSTEE'S ATTENDANCE AT
JOINT ANNUAL TRUSTEES MEETING IN
AVALON NJ

12.b. Amount.

\$296.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing • <u>GARY ALWARD</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>HIGHMARK</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>FIFTH AVE PLACE</u></p> <p>City <u>PGH</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>WESTERN PA TEAMSTERS + EMP WELFARE</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>50 PENN CIRCLE WEST</u></p> <p>City <u>PGH</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15206-3602</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INSURANCE COMPANY + HEALTHCARE PROVIDER FOR PARTICIPANTS IN WESTERN PA HEALTH + WELFARE FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>GOLF EVENT JUNE 17, 2004 STONE HARBER N.J.</u></p> <p>12.b. Amount. <u>\$77.80</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing • GARY ALWARD	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **HIGHMARK**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **FIFTH AVE PLACE**
City **P6H**
State **PA** ZIP Code + 4 **15222**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **WESTERN PA TEAMSTERS & EMP WELFARE**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **50 PENN CIRCLE WEST**
City **P6H**
State **PA** ZIP Code + 4 **15206-3607**

11.a. Nature of such dealing.

**INSURANCE COMPANY & HEALTH CARE
PROVIDER FOR PARTICIPANTS IN
WESTERN PA HEALTH & WELFARE FUND**

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

**GOLF EVENT JUNE 15, 2004 STONE
HARBOR NJ**

12.b. Amount.

\$157.20

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing • <u>GARY ALWARD</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>ALLIANCE BERNSTEIN</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1345 AVE OF AMERKAS</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10105</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>WESTERN PA TEAMSTER + EMP PENSION</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>50 PENN CIRCLE WEST</u> City <u>POH</u> State <u>PA</u> ZIP Code + 4 <u>152063612</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <u>MONEY MANAGER TO FUND</u> </div> 11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> <u>GOLF EVENT JULY 7, 2004</u> <u>ELLWOOD CITY PA</u> </div> 12.b. Amount. <u>\$203.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing • GARY ALWARD	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PNC ADVISORS</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 625 LIBERTY AVE</p> <p>City PGH</p> <p>State PA ZIP Code + 4 15222</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name WESTERN PA TEAMSTERS EMP WELFARE</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 50 PENN CIRCLE WEST</p> <p>City PGH</p> <p>State PA ZIP Code + 4 15206-3612</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>FINANCIAL SERVICE GROUP FOR FUND</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>GOLF EVENT 7-8-04 LIGONIOR PA.</p> <p>12.b. Amount. \$ 415.16</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Gary Alward</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Jubelirer, Pass & Intrieri, P.C.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>219 Fort Pitt Boulevard</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> Christmas gift of food and beverage valued at \$65.00 from law firm who represents Teamsters Local 249. </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$65.00

Name of Person Filing • GARY ALWARD		File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NEW PENN MOTOR FREIGHT</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 630</p> <p>Street _____</p> <p>City LEBANON</p> <p>State PA ZIP Code + 4 17042-0630</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name TEAMSTERS LOCAL 249</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 40128</p> <p>Street 4701 BUTLER ST</p> <p>City Pgh</p> <p>State PA ZIP Code + 4 15201-0128</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">FREIGHT TRUCKING COMPANY</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">SAFETY MEETING JAN 04 GREENTREE PA</p> <p>12.b. Amount. \$ 26.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>